



Complete Summary

TITLE

Atrial fibrillation: percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter (A Fib/Flutter) with risk factors for thromboembolism who are on warfarin.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 60 p. [103 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter (A Fib/Flutter) with risk factors for thromboembolism who are on warfarin.

RATIONALE

The priority aim addressed by this measure is to improve the consistency of anticoagulation in patients with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter (A Fib/Flutter).

PRIMARY CLINICAL COMPONENT

Atrial fibrillation/atrial flutter (A Fib/Flutter); anticoagulation; thromboembolism; warfarin

DENOMINATOR DESCRIPTION

Adults age 18 years or older with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter (A Fib/Flutter) as defined by: one or more visits with any (primary or secondary) diagnosis of A Fib/Flutter (International Classification of Diseases, Ninth Revision [ICD-9] code 427.31 or 427.32) in the last month or measurement timeframe under review

NUMERATOR DESCRIPTION

Among the atrial fibrillation/atrial flutter (A Fib/Flutter) patients in the denominator, the number of patients with risk factors for thromboembolism without contraindications to anticoagulation who are receiving warfarin

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Atrial fibrillation.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The prevalence of atrial fibrillation (A Fib) increases from 0.5% for the 50 to 59-year-old age group to 8.8% in the 80 to 89-year-old age group.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 60 p. [103 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Atrial fibrillation (A Fib) is a common arrhythmia and an important independent risk factor for stroke. Symptoms vary from none to severe disabling palpitations, dyspnea, and syncope. Patients with A Fib have a mortality rate double that of control subjects. The attributable risk of embolic stroke from A Fib increases from 1.5% per year for the 50 to 59-year-old age group to nearly 30% per year for the 80 to 89-year-old age group, and increases substantially in the presence of other cardiovascular conditions.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 60 p. [103 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adult patients 18 years of age or older diagnosed with atrial fibrillation/atrial flutter (A Fib/Flutter)

This measure may be collected electronically through claims data using the International Classification of Diseases, Ninth Revision (ICD-9) code: 427.31 or 427.32 to identify the patients. Charts will be reviewed to determine if patients have risk factors for thromboembolism without contraindications (see "Assess risk for bleeding or thromboembolism" on page 12 of the guideline*) to anticoagulation therapy are on warfarin.

Select a random sample of the eligible population for data collection. The suggested sample size for each medical group is at least 10 charts each month. If the medical group identifies a total of less than 10 (A Fib/Flutter) patients, then all identified patients are to be included.

The sample would be drawn quarterly; data would be abstracted monthly.

*See the National Guideline Clearinghouse (NGC) summary of the Institute for Clinical Systems Improvement (ICSI) guideline [Atrial Fibrillation](#).

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Adults age 18 years or older with paroxysmal, persistent, or permanent atrial fibrillation/atrial flutter (A Fib/Flutter) as defined by: one or more visits with any (primary or secondary) diagnosis of A Fib/Flutter (International Classification of Diseases, Ninth Revision [ICD-9] code 427.31 or 427.32) in the last month or measurement timeframe under review

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Among the atrial fibrillation/atrial flutter (A Fib/Flutter) patients in the denominator, the number of patients with risk factors for thromboembolism without contraindications to anticoagulation who are receiving warfarin

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a fixed period of time

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent or permanent A Fib/Flutter with risk factors for thromboembolism who are on warfarin.

MEASURE COLLECTION

[Atrial Fibrillation Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Atrial fibrillation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 60 p. [103 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients (without contraindications to anticoagulation) with paroxysmal, persistent or permanent A Fib/Flutter with risk factors for thromboembolism who are on warfarin," is published in "Health Care Guideline: Atrial Fibrillation." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on January 19, 2005.

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